

RUSK COUNTY MEMORIAL HOSPITAL AND NURSING HOME

LADYSMITH, WISCONSIN 54848

POLICIES AND PROCEDURES

SUBJECT <u>Lift-Free Program</u>		POLICY NO.	
DEPARTMENT <u>Safety and Risk Management</u>	PAGE <u>1</u>		OF <u>4</u>
PREPARED BY <u>Nancy Wiles, RN DON</u> <u>Jan Neuman, RN DON</u>			
DATE EFFECTIVE <u>July 2004</u>		DATE REVISED	
DEPARTMENTS AFFECTED <u>Facility-wide</u>			

POLICY:

Program Goals and objectives

The goal(s) and objectives of RCMH & NH's Lift-Free program are;

1. To reduce the injury potential for both the patient/resident as well as caregiver during transferring
2. To facilitate the safe use transfer aids and equipment.
3. To provide an objective, easy to understand, consistent means of evaluating patient/resident transfer needs.
4. To provide a consistent technique for the assisting, repositioning, or transfer of patients/residents
5. To encourage maximum participation within a Lift-Free program

The program

1. Written requirements: Development and implementation of a written Lift-Free program. Policies and procedures should include but not be limited to addressing all patient/resident transfers and transfer devices. Lateral transfers, walking belts, sit to stand, etc. The written policy should address management's commitment, task assessment process, responsibility and accountability and the handling of special considerations i.e. obesity, transfers combative patient/residents, etc.

Objective criteria to be determined for transferring of patients/residents. Suggested guidelines¹ are;

¹ Additional consideration or time may be necessary for the assisting, repositioning or transferring of obese patients/ residents. If the person has varying levels of ability to assist due to fatigue, medications, medical condition, etc., then an assessment should be performed before each task is performed. In these cases more time may be required to be added to the assessment criteria.

- a. Patient/Resident can be standing for 4 seconds bearing weight without assistance. Walking belt transfer.
- b. Patient/Resident can stand for less than 4 seconds bearing weight with some assistance. Sit to Stand Transfer.
- c. Patient/Resident is Non-weight bearing. Total transfer.
- d. Fallen resident. Total transfer unless resident can get up on his or her own.
- e. Lateral transfer devices (LTD) or friction reducing devices (FRD) to be used for lateral transfers or repositioning i.e. SLIP. Draw sheets, trash bags, incontinence pads cannot be used in place of FRD or LTD.
- f. 2 persons must be present for all mechanical aided transfers.
- g. The caregiver can at any time increase the level of transfer from what is stated in the care plan based on the ability of the residents ability to assist or comprehend the transfer i.e. sit to stand could be increased to a total lift however the caregiver can never reduce the level of device use.

2. Quality Assurance

- a. Regular observation of the transferring by residents should take place thru unannounced evaluations.
- b. Transfer incidents/injuries will go thru a loss review process.
- c. Quarterly comparison of equipment vs. transfer needs should be written and documented i.e. Injury Reviews.

3. Education and Training. Staff training to include initial, periodic and as required to correct improper use/understanding of safe patient handling and movement. Training should include post loss training with documentation following any injury or incident involving a transfer, repositioning, or assisting of a resident or training event. All training should be "hands on" with return demonstration. The written component should include;

- a. All new hires before being assigned to a floor and/or transferring regardless of experience.
- b. After all transfer related incidents.
- c. After an employee has been off of work on a leave lasting longer than 6 months.
- d. Periodically.
- e. Topics should include but not be limited to;
 - i. Dealing with combative patients/residents
 - ii. Use of mechanical lifts
 - iii. Use of lateral transfer devices
 - iv. Repositioning of patients/residents in wheel chair, Geri chair, or bed.
 - v. Transfer reduction and/or planning of transfers.
 - vi. Transfer reduction i.e. use of wheelchair scales. Transfer from bed to shower chair vs. bed to wheelchair to shower chair. Use of shower chair for toileting etc.

4. Progressive step disciplinary program.
5. Maintenance
 - a. Daily visual by staff.
 - b. PM monthly formal inspection with documentation by lift.

Roles and Responsibilities

In order for any program to be effective it must have top management support and the infrastructure in place before a policy can be implemented and effective. Items to consider:

1. There are an adequate number and type of patient handling aids and Mechanical lifts available for the patient/resident census and physical layout.
2. Sufficient number of staff are trained in the use of the aids and equipment.
3. Staff trained and knowledgeable in the objective criteria established for patient assessment.
4. Administrators, Directors Of Nursing, and Supervisors support.
5. Other high-risk tasks should also be evaluated as part of your injury reduction efforts. Items to consider should include but not be limited to;
 - a. Bathing patients in bed
 - b. Making occupied beds,
 - c. Dressing patients,
 - d. Turning patients in bed,
 - e. Long duration tasks
 - f. Working with residents at or near floor level
 - g. Other facility concerns i.e. laundry, use of crank industrial can openers, housekeeping, etc.

Management Responsibilities

1. Support the implementation of the policy
2. Furnish sufficient lifting equipment/aids for the safe transfer and movement of patients/residents.
3. Provide resources for the routine maintenance of transfer equipment
4. Provide staffing levels sufficient to comply with the policy
5. Provide the resources necessary to train/retrain caregivers in the policy and use of the equipment
6. Encourage the reporting of all incidents of safe patient/resident handling incidents.
7. Enforce the use of program elements.
8. Provide the resources to modify the work areas, as the opportunities exist to reduce worker injury.

Supervisor Responsibilities

1. Oversee, enforce, and support the implementation and use of the policy
2. Oversee and ensure the inspection and routine maintenance of transfer equipment
3. Provide the resources necessary to train/retrain caregivers in the policy and use of the equipment
4. Encourage the reporting of all incidents of safe patient/resident handling incidents.
5. Investigate and development corrective action for work related injuries particularly those associated with assisting, repositioning, and transferring of patients/residents.

Employee Responsibility

1. Comply with all parameters of this policy
2. To notify supervisors of any injury sustained while performing patient/resident handling tasks
3. To communicate to supervisors of mechanical lifting devices in need of repair
4. To communicate to supervisors of changes in patient/resident status effecting the caregivers ability to assist, reposition, and transfer patients/residents
5. To communicate to supervisors opportunities to reduce stressors or tasks associated with high-risk activities associated with patient/resident care i.e. reduction in transfers, work heights, physical work area changes, etc..

Maintenance

1. To perform inspection and maintenance of transfer equipment, slings, or lateral transfer devices, in a regular timely fashion to ensure the safe operation and performance for caregiver and patient/resident.
2. To perform emergency repairs immediately on transfer equipment, slings, or lateral transfer devices

**RUSK COUNTY MEMORIAL HOSPITAL AND NURSING
HOME**

LADYSMITH, WI 54848

POLICIES AND PROCEDURES

SUBJECT: BODY MECHANICS

**DEPARTMENT: RUSK COUNTY MEMORIAL HOSPITAL AND
NURSING HOME**

**PREPARED BY: JAN NEUMAN, DIRECTOR OF NURSING (HOSP)
NANCY WILES, DIRECTOR OF NURSING (NH)**

APPROVED BY: Jan Neuman DON

EFFECTIVE DATE : 1-25-89 REVISED DATE: 9-04-04

POLICY: It is the policy of the Rusk County Memorial Hospital and Nursing Home that all personnel will use proper body mechanics when moving and lifting.

DEFINITION: Basic rules and principles used to correlate various movements of the body, posture, and use of the body in moving and lifting.

PROCEDURE:

ALL PERSONNEL:

- Keep back straight; avoid twisting body.
- Place feet apart (12-18 inches) and one ahead of the other to maintain balance.
- Keep elbows close to body, use arm muscles.
- Bend knees, kneel, or squat to lower body to height you are working at, keeping back straight distributing lift load to thigh and buttocks rather than back.
- Obtain assistance when necessary.
- Use 2 hands when lifting objects from a high shelf so that weight is distributed to both arms.
- Use greatest number of muscles and muscle groups as possible.
- Use simplest method possible, keeping elbows close to your side.

MOVING PATIENT/RESIDENT TOWARD YOU:

- Place weight on front foot and as you are moving patient/resident shift weight to back foot.

MOVING PATIENT/RESIDENT AWAY FROM YOU:

- Place weight on back foot and shift weight to front foot.

LIFTING PATIENT/RESIDENT:

- Distribute weight equally on both feet; bend knees to working level; and straighten knees while raising patient/resident.

LOWERING PATIENT/RESIDENT:

- Distribute weight equally on both feet; flex knees slightly; and bend knees while lowering patient/resident.

Date reviewed:	/	/	/	/	/	/	/
Initials:	/	/	/	/	/	/	/

**RUSK COUNTY MEMORIAL HOSPITAL AND NURSING
HOME**

LADYSMITH, WI 54848

POLICIES AND PROCEDURES

SUBJECT: GAIT BELTS

**DEPARTMENT: RUSK COUNTY MEMORIAL HOSPITAL
AND NURSING HOME**

PREPARED BY: JAN NEUMAN, DIRECTOR OF NURSING

APPROVED BY: Jan Neuman DON

EFFECTIVE DATE :3-17-84

REVISED DATE: 9-3-04

POLICY: It is the policy of Rusk county Memorial Hospital and Nursing Home to use gait belts on those individuals as outlined below to provide safe transfers and ambulation.

PROCEDURE:

NURSING AND/OR PHYSICAL THERAPY

- Decides who needs a gait belt after assessment and consultation with staff in keeping with the following criteria:
 - Use of belt can be periodic or continuous as indicated.
 - Decisions must be consistent for all shifts.
 - Residents/patients needing belts would fall into the following categories:
 - Loss of strength/coordination/motivation.
 - Anxiety regarding falling.
 - Safety in transfers or ambulation.
 - Gait belts would be contraindicated in the following cases:
 - Use of belt outweighs advantages of belt, i.e., resident/patient is susceptible to skin tears.
 - Medical indications, i.e., tumor at beltline/colostomy/ supra-pubic catheter/tendency to bleed.
 - Any deviations from these criteria should be assessed by nursing and documented.

WHO IS TO USE GAIT BELTS:

- **NURSING**
 - Update Kardex and care plan (hospital); update Resident Information Sheet, care plan, and Communication Book.
- **PROCEDURE:**
 - **ALL STAFF:**
 - Explain procedure to patient/resident
 - Apply belt around patient/resident's waist
 - Pass the metal-tipped end through the buckle under the teeth.
 - Bring tip of belt across the front of the buckle and slip it through to the other side.
 - Tuck any excess through the belt.
 - Ensure belt is snug but allow room for your hand to comfortably grasp it.
 - Stand as close to the patient/resident as possible, maintaining a broad base of support.
 - To transfer:
 - Assist patient/resident to a standing position by grasping belt at the waist from underneath.
 - Standing on weaker side of patient/resident, wrap your arm around waist of patient/resident and grasp belt from underneath.
 - Maintain a firm grasp on belt and proceed to ambulate.
 - To ambulate:
 - Assist patient/resident to standing position by grasping belt at the waist from underneath.
 - Standing on weaker side of patient/resident, wrap your arm around waist of patient/resident and grasp belt from underneath.
 - Maintain a firm grasp on belt and proceed to ambulate.
 - When ambulation is completed and patient/resident is seated, remove belt.

**RUSK COUNTY MEMORIAL HOSPITAL AND NURSING
HOME**

LADYSMITH, WI 54848

POLICIES AND PROCEDURES

**SUBJECT: MECHANICAL LIFTS / LIFT-TRANSFER
NOTIFICATION**

**DEPARTMENT: RUSK COUNTY MEMORIAL HOSPITAL &
NURSING HOME**

PREPARED BY: JAN NEUMAN, DIRECTOR OF NURSING

APPROVED BY: Jan Neuman DON

EFFECTIVE DATE : 2-07-04 REVISED DATE: 9-04-04

POLICY: It is the policy of Rusk County Memorial Hospital & Nursing Home to lift and transfer physically disabled patients/residents safely and comfortably and in such a way as to prevent injury to the patient/resident or nursing personnel by use of mechanical lifting equipment. Two staff members are required for use of all mechanical lifts.

PROCEDURE:

NURSE:

- Is familiar with operation of equipment.
- Instructs nursing personnel in the use of equipment.
- Determines when use of equipment is advisable and ensures its use for patients/residents who require mechanical lifting.

FULL BODY LIFT:



(also refer to Pro-Assist Lift-PAL policy)

NURSE AIDE:

- Assure that sling is positioned under patient/resident properly.
- Transport lift to patient/resident's location.
- Push lift forward in alignment with patient/resident and spread legs of the lift to widest width.
- Attach sling to lift according to the color-coded loops.
- Lift patient/resident slowly using mechanical controls until patient/resident's body is clear from supporting surface.

- Pull lift gently backward, turn slowly around until it is aligned with a new supporting surface.
- Lower patient/resident slowly onto supporting surface using the mechanical controls. When lowering patient/resident into a sitting position push gently on the patient/resident's knees so his/her back is against the chair as you lower the patient/resident.
- Disconnect the sling loops.
- Remove the sling from under the patient/resident as appropriate.
 - As one staff member is maneuvering the lift the second staff member remains in close proximity of the lift/patient or resident to assist in safely guiding the sling and assisting in maintaining the safety of the patient/resident.

STANDING LIFT:



NURSE AIDE:

- Transport lift to patient/resident's location.
- Place proper sized sling on patient/resident and secure.
- Push lift forward in alignment with patient/resident and spread legs of the lift to widest width.
- Attach sling to lift using properly aligned loops.
- Instruct/assist patient/resident to hang onto hand grips for transfer.
- Using mechanical lift controls slowly lift patient/resident to a standing position.
- Pull gently backward, turn slowly around until it is aligned with a new supporting surface.
- Lower patient/resident slowly onto supporting surface using the mechanical controls.
- As one staff member is lowering the patient/resident, the second staff member is positioned in back of the patient/resident and gently pulls the sling backward to assure proper sitting positioning safely.

PIVOT TRANSFER:



- Assist of one or two staff members as appropriate.

UPDATE KARDEX, CARE PLAN, AND PATIENT'S NAME PLATE AND MEDICAL RECORD AS NEEDED---INCLUDING RESIDENT INFORMATION SHEET AND COMMUNICATION BOOK IN THE NURSING HOME.

Date reviewed:	/	/	/	/	/	/	/
Initials:	/	/	/	/	/	/	/

**RUSK COUNTY MEMORIAL HOSPITAL AND NURSING
HOME
LADYSMITH, WI 54848**

POLICIES AND PROCEDURES

SUBJECT: PATIENT/RESIDENT TRANSFER TECHNIQUES

DEPARTMENT: HOSPITAL NURSING SERVICE

PREPARED BY J. Adams, RN

APPROVED BY:

Jan Neuman DON

EFFECTIVE DATE: 9/28/98

REVISED DATE: 2/13/94

POLICY: It is the policy of RCMH to instruct personnel in techniques of transferring and lifting which minimize the physical stress to patients, residents, and personnel. Single person lifts are not to be used. Two person transfers, lifts, gait belts, Pro-Assist lift and Hoyer lift will be utilized when applicable.

The following procedures will be utilized when:

1. Transferring with assistance (gait belt).
 - A. Minimal assistance.
 - B. Maximal assistance.
2. Two man transfer.
3. Transfer from chair to bed.
4. Transfer from bed to chair.
5. Pro-Assist lift (use of).
6. Hoyer lift (use of).
7. Body mechanics for lifting objects.

TRANSFERS: Transferring with assistance.

RULES:

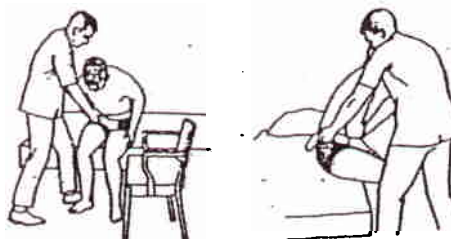
1. Allow patient to do as much for himself as possible.
2. Give only as much assistance as is absolutely necessary.
3. When transferring a patient/resident (even with minimal assistance) always place a belt around his/her waist. Adjust this just tight enough for you to get your fingers around it.

Date Reviewed: 9/02, 9/03, 9/04 _____

Reviewed Initials: JAN _____

Minimal Assistance

Step 1 Stand at patient's weak side. Support weak arm with your hand as pictured and grasp belt at patient's back. Have patient *slide forward to edge of bed* before attempting to stand.

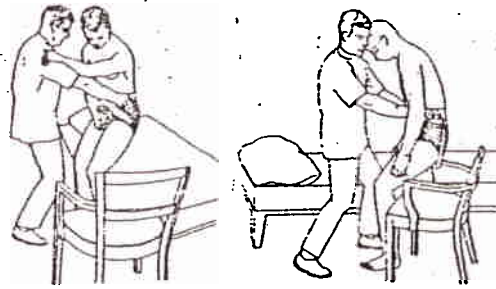


Maximal Assistance

Step 1 Place belt around patient's waist. Stand facing patient. Grip belt with both hands at patient's sides. Slide patient forward until both feet can be placed flat on the floor.



Step II Block patient's weak knee with your knee. Tell patient that you are going to help him stand on the count of 3. Rock him forward on the first count. Rock again on 2 then on the count of 3 pull him forward and up. Be careful to bend *your* knees and keep *your* back straight to prevent injury to yourself. You may find that the patient will feel more secure if you allow him to place his arm around your shoulder.



Two Man Lift

If for some reason a patient is unable to bear weight on his legs, it will be necessary for two people to transfer him in and out of bed. It is not necessary that the two lifters be big and strong in order to lift a heavy patient. The lifting is done through proper mechanical use of the body. Read the directions and study the pictures very carefully before you attempt to lift a patient. (You may want to practice on another member of the family.) If you feel a strain on your back, you are doing something incorrectly. Stop and recheck the directions.

Points to Remember

1. Keep your back straight.
2. Bend the knees—the lifting action takes place as you straighten the knees.
3. You should not feel a strain in the small of your back.

Steps in Lifting From Chair to Bed

1. Place a chair at the side of the bed.
2. Lifter A stands behind back of the chair and lifter B at the foot of the chair.

3. Lifter *A* folds patient's arms across chest and places his own arms under patient's armpits and grasps patient's arms as pictured.

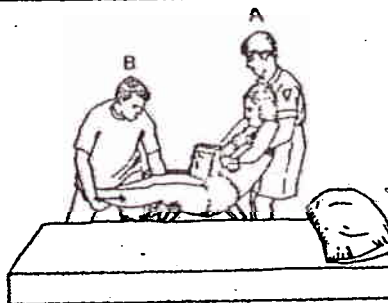


4. Lifter *B* places one arm under patient's thighs and the other arm around ankles.

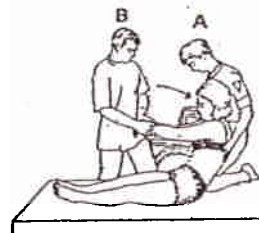
5. On count of three lifter *B* pulls patient's legs away from the foot of the chair, lifter *A* straightens knees and leans back with his body while firmly holding the top of the patient's body to his chest.



6. When the patient's body is out flat in air, the shift is made over the arm of the chair to the bed. Lifter *B* bends his knees and moves the patient's body slightly in the direction of lifter *A*, who leans his body slightly forward and bends his knees thus lowering patient's body to the bed.



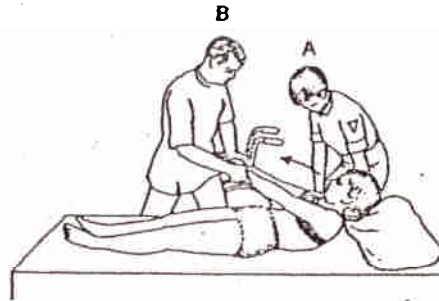
7. Lifter *B* grasps the patient by the hands while lifter *A* holds patient's shoulders and backs slowly away, lowering the top of the patient's body to the bed.



Steps in Lifting From Bed to Chair

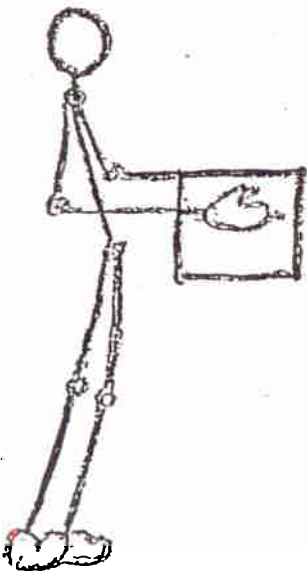
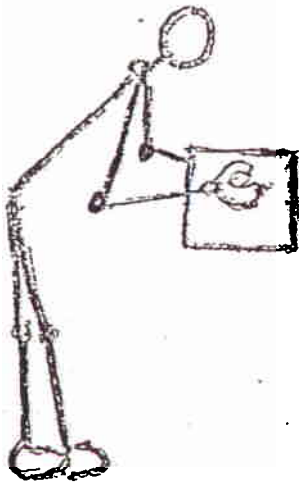
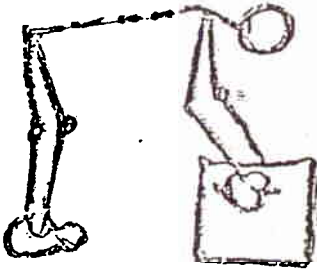
To get the patient from the bed to the chair, bring him to a sitting position as pictured and then follow the steps listed above.

Note: If you are transferring a patient from a high-backed chair which you cannot reach over, set the chair at an angle to the bed so that lifter A can stand between the back of the chair and the bed. It will be necessary for lifter A to make a slight turn of his body while lifting in this manner. If you must turn, be very careful that you move your feet in the direction in which you are turning. Do not twist the top part of your body while lifting a patient.



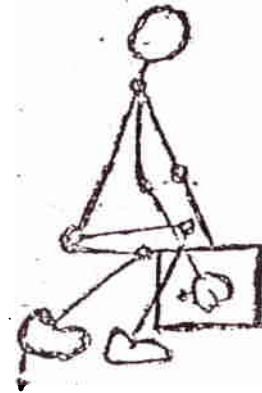
BODY MECHANICS

INCORRECT



CORRECT

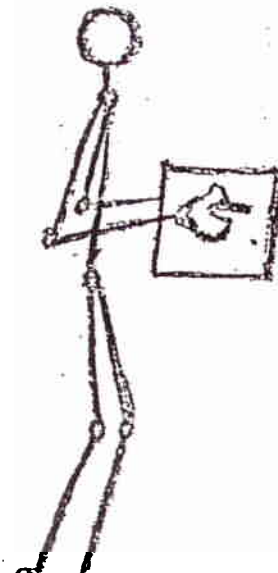
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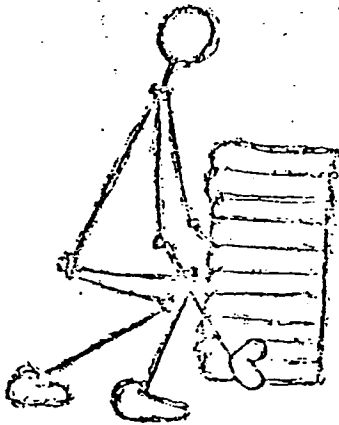


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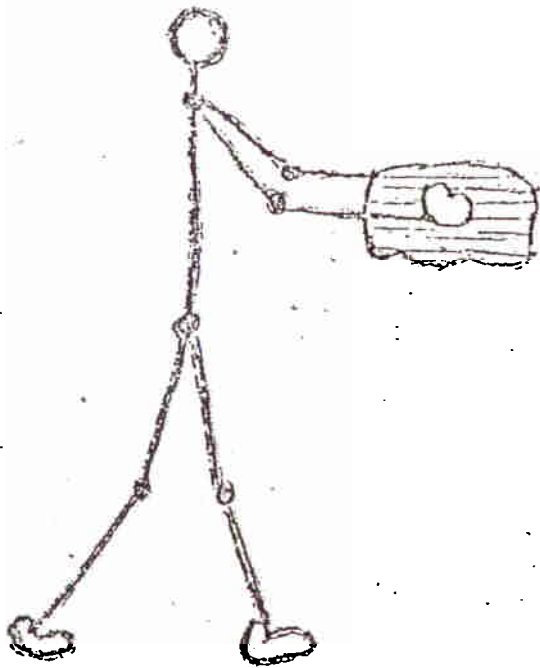
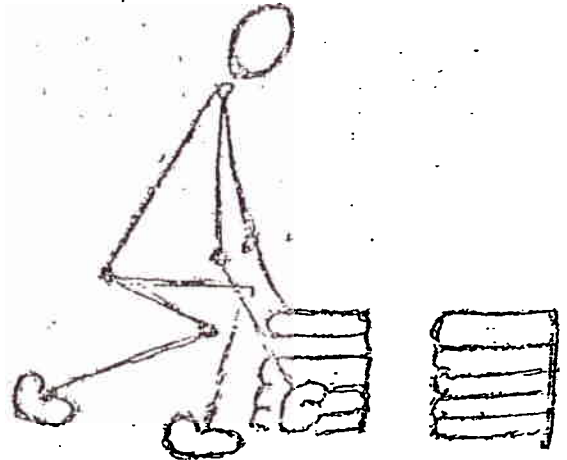
BODY MECHANICS

INCORRECT

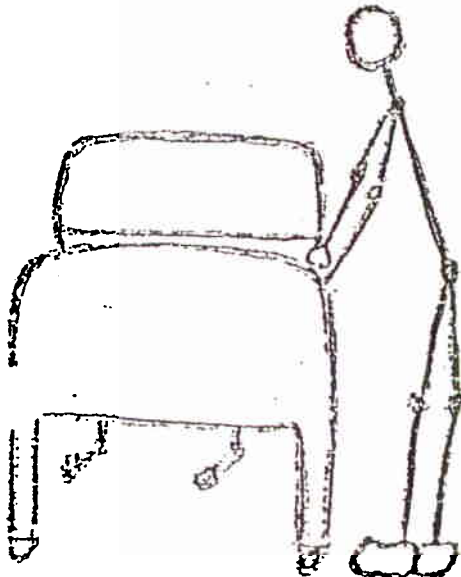
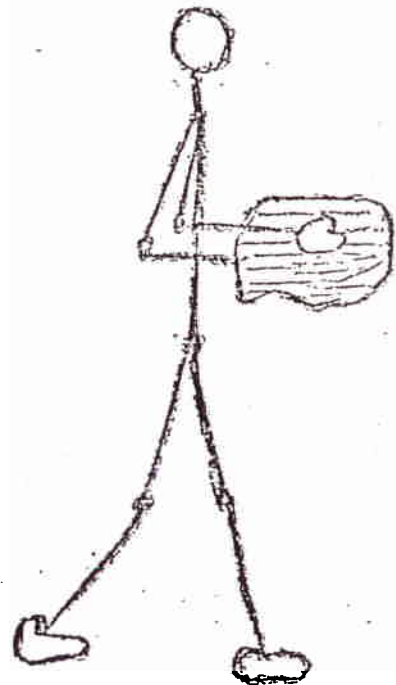


LIFTING
HEAVY
OBJECTS

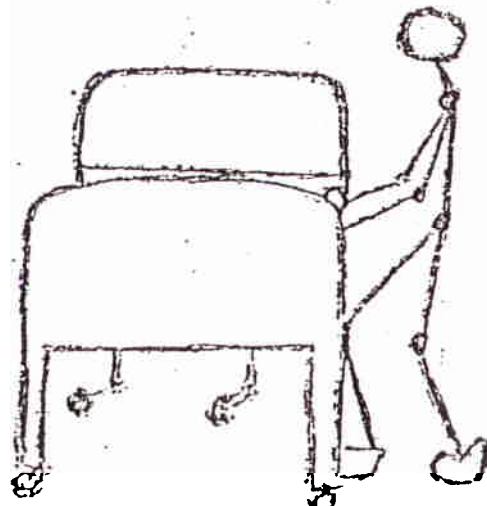
CORRECT



CARRYING
HEAVY
OBJECTS



POSTURE FOR
BEDMAKING AND
RESIDENT CARE



**RUSK COUNTY MEMORIAL HOSPITAL AND NURSING
HOME**

LADYSMITH, WI 54848

POLICIES AND PROCEDURES

SUBJECT: PRO ASSIST LIFT (PAL)

DEPARTMENT: HOSPITAL NURSING SERVICE

PREPARED BY: L. Reisner, R.N.

APPROVED BY: Jan Neuman RN, DON

EFFECTIVE DATE:

REVISED DATE: 11-25-02

POLICY: PAL lift will be utilized properly and safely on patients who meet the criteria for its use.

PROCEDURE:

WHO

RN/LPN/PCT

DOES WHAT

1. Identifies patient that the PAL is to be used on, to aid safe, comfortable transfer.
 - A. Semi-ambulatory
 - B. Adequate upper body strength
 - C. Less than 400 pounds
2. Chooses proper size sling.
 - A. Fits across back just above waistline, with safety strap buckled very snugly (without pinching) across the chest.
 - B. On patient whose chest is smaller than their mid-section, slide the sling higher under the arms.
 - C. Keeps a minimum of a 6-inch gap between edges of sling when snug.

- THE PAL MUST BE PLUGGED IN WHEN NOT IN USE.**

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**RUSK COUNTY MEMORIAL HOSPITAL AND NURSING HOME
LADYSMITH, WI 54848**

POLICIES AND PROCEDURES

SUBJECT: LIFTING AND TRANSFER TECHNIQUES

DEPARTMENT: NURSING HOME

PREPARED BY: J. PATTEN, DON

APPROVED BY:

DATE EFFECTIVE: 01-25-1989

REVISED: 02-17-2004

POLICY:

It is the policy of the Rusk County Nursing Home to instruct personnel in techniques of transferring and lifting which minimize the physical stress to resident and personnel.

PROCEDURE:

TRANSFER ONTO CART: (by one person)

NURSE:

- Evaluate resident's capabilities and ability to safely transfer with minimum assistance.
- Transport cart and bath blanket to resident's room.
- Explain procedure to resident.
- Place bath blanket over top bedding, pull top bedding down to foot of bed under bath blanket.
- Lock bed wheels.
- Wheel cart lengthwise along bed on resident's weakest or most painful side.
- Elevate bed to a height level with cart.
- Stand at center of cart facing bed, have resident slide toward cart, hold cart against bed.

NURSE.: (Continued)

- Lean over cart, support and guide the weak or painful part.
- Have resident adjust body centrally and comfortably on cart, place pillow under head.
- Instruct resident to fold arms over abdomen or keep close to sides.
- Encircle body and cart with safety belt and fasten to secure in position.
- Push and direct cart from end supporting the resident's head.
- Reverse procedure for transferring resident from cart onto bed.

TRANSFER ONTO CART: (DRAWSHEET LIFT)

NURSE AIDE:

- Prepare resident and position cart as in previous procedure, lock wheels of bed.
- Loosen drawsheet on both sides of bed for use as lift sheet, roll edges of drawsheet toward body on both sides.

ONE METHOD:

- Stand one person against cart, aligned with resident's shoulders, facing resident.
- Position another person in like manner, aligned with resident's hips.
- These persons function as pullers.
- Both persons stand against cart, reach across cart and grasp nearest edge of rolled drawsheet in both hands.
- Place a person on opposite side of bed to grasp edge of rolled drawsheet on that side and serve as lifter.

ONE METHOD: (Continued)

- On signal, the person on the opposite side of the bed lifts while the persons on the cart side pull the drawsheet toward the cart. Lift gently and smoothly without jarring the resident.
- Position resident centrally on cart, fasten safety belt and position self at head of resident while transporting cart.

SECOND METHOD:

- Position all lifters on cart side of bed.
- Place one person at head of cart, grasp rolled edge of drawsheet on each side of resident's shoulders.
- Place one person at foot of cart, grasp rolled edge of drawsheet on each side of resident's thighs.
- Place a person at center of side of cart facing resident, reach across cart and grasp rolled drawsheet on near side.
- On signal, lift and pull together to transfer resident onto cart.
- Position and secure resident as for previous methods.
- For 4-person –position two persons beside cart, one at the top and one at the foot of the cart. Lift in unison.
- Reverse procedure to transfer onto bed.

TRANSFER ONTO CART: (THREE-MAN LIFT)

- Place cart at right angle to foot of bed.
- Lock bed wheels.
- Stand at bedside as follows: shortest person at feet, taller stronger person in middle, medium sized person at the head.

TRANSFER ONTO CART: (Three Man Lift): (Continued)

- Place resident's arms across abdomen or along the body.
- Person at head places one arm under shoulders and the other under the back.
- Person in the middle slides one arm under back at the waist and one arm under the buttocks.
- Person at the foot places one arm under buttocks and one arm under the ankles.
- All lifters prepare to move resident by positioning selves as follows:
 - Place arms as far under resident as possible.
 - All place same leg forward with knee flexed.
 - Place the thigh of the other leg snugly against the bed.
- At the count of three, slide resident to the edge of bed in unison. Pause
- With arms still in position, at the count of 1, raise bodies by straightening knees, lifting resident up and off the bed.
- At the count of 2, step backward and turn in unison, pivot together until at right angle with bed facing the cart.
- At the count of 3, move forward to cart.
- Lower resident slowly to the cart as follows:
 - Position one (all using the same foot) foot forward.
 - Bend knees and lean forward over the cart.
 - Hold backs strong, straight and tense abdominal muscles.
 - Roll body toward chest to reduce strain on arms.
 - Place on cart.
- Withdraw arms in unison.
- Place pillow under resident's head.

TRANSFER ONTO CART: (Three Man Lift): (Continued)

- Reverse procedure for return to bed.

*When determined safe/appropriate by nurse; cart/bed transfers will be done with use of full body lift according to lift policy.

PIVOT TRANSFER: (1 PERSON)

NURSE AIDE:

- Place wheelchair next to bed facing the head of the bed, back of chair even with foot of bed, lower elevated leg rests to lowest position, fold foot rests up against leg rests and lock wheels.
- Elevate head of bed to height so resident can stand without lifting body.
- Position bed height to level in which resident's feet can be positioned flat on floor or as close to floor as possible.
- Move resident to near side of bed, swing legs over side of bed.
- Place gait belt when appropriate.
- Stand in front of resident.
- Lean resident's body toward you, place his/her feet flat on floor.
- Grasp gait belt with both hands at resident's waist/hip level.
- On count of three pull and gently lift resident upward against you, permit to stand a few minutes with your knees pressed against his for support.

If able to assist with one leg:

- Walk backward while resident walks forward, turn resident so back is toward chair, lock arms with resident and permit him to sit down.

If unable to assist:

- Pivot resident so back is toward chair, lower slowly into chair.

PIVOT TRANSFER: (1 PERSON): (Continued)

- Fold footrest down and position resident's feet.
- Reverse procedure to return to bed.

BODY MECHANICS:

DEFINITION:

Basic rules and principles used to correlate various movements of the body, posture and use of the body in moving and lifting.

ALL PERSONNEL:

- Keep back straight, avoid twisting body.
- Place feet apart (12 – 18 inches) and one ahead of the other to maintain balance.
- Keep elbows close to body, use arm muscles.
- Bend knees, kneel or squat to lower body to height you are working at, keeping back straight distributing lift load to thigh and buttocks rather than back.
- Obtain assistance when necessary.
- Use 2 hands when lifting objects from a high shelf so that weight is distributed to both arms.
- Use the greatest number of muscles and muscle groups as possible.
- Use simplest method possible, keeping elbows close to your side.

MOVING RESIDENT TOWARD YOU:

- Place weight on front foot and as you are moving resident shift weight to back foot.

MOVING RESIDENT AWAY FROM YOU:

- Place weight on back foot and shift weight to front foot.

LIFTING RESIDENT:

- Distribute weight equally on both feet, bend knees to working level, and straighten knees while raising resident.

LOWERING RESIDENT:

- Distribute weight equally on both feet, flex knees slightly, and bend knees while lowering resident.

SCOOP STRETCHER:

NURSE:

- Position resident correctly on ½ of scoop stretcher roll resident toward you and connect other ½ of stretcher to portion under resident's body, connect securely.
- Roll resident back into centered position on stretcher.

LIFTING FROM FLOOR:

- Advisable to have 3 or 4 persons, two on each side.
- Bend knees to working position, situate feet firmly on floor with one foot slightly in front of the other, grasp stretcher frame firmly in both hands and pull upward as everyone rises to standing position at count of three.
- Use of mechanical full body lift is recommended. When lift is available use it according to policy for lift use.

RUSK COUNTY MEMORIAL HOSPITAL & NURSING HOME

LIFT-FREE PROGRAM

JULY, 2004

**RUSK COUNTY MEMORIAL HOSPITAL AND NURSING HOME IS
COMMITTED TO FACILITATING SAFE USE OF TRANSFER AIDS AND
EQUIPMENT; INJURY PREVENTION FOR BOTH THE RESIDENT/PATIENT
AND CAREGIVERS; AND PROVIDING UNDERSTANDING, EDUCATION
AND EQUIPMENT TO MEET THE GOALS AND OBJECTIVES OF A LIFT-
FREE ENVIRONMENT.**

TO: ALL NURSING STAFF; IMAGING DEPT. STAFF; REHAB STAFF

SIGNATURE:_____ DATE:_____

POLICIES AND PROCEDURES:

- **LIFT-FREE PROGRAM**
- **BODY MECHANICS**
- **GAIT BELTS**
- **MECHANICAL LIFTS/LIFT-TRANSFER NOTIFICATION**
- **PRO ASSIST LIFT (PAL)**
- **PATIENT/RESIDENT TRANSFER TECHNIQUES**

JANUARY 2005